

**Western District of Virginia
COVID-19 Vaccination Status Attestation**

Please complete and sign this self-attestation concerning your COVID-19 vaccination status. You do not need to provide any medical information on this form, nor any explanation concerning your decision to receive or not receive a COVID-19 vaccine. For purposes of this form, being “fully vaccinated” means that two weeks have passed after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or after receiving the single-dose vaccine (Johnson & Johnson). Once completed, this form should be returned to the presiding judge’s chambers.

Name: _____

Classification: ___ Party ___ Attorney ___ Witness

Please choose one of the following:

- ___ 1. I am fully vaccinated.
- ___ 2. I received my second dose of the Pfizer or Moderna vaccine or my single dose of the Johnson & Johnson vaccine less than two weeks ago on _____.
- ___ 3. I received my first dose of the Pfizer or Moderna vaccine, and my second appointment is scheduled for _____.
- ___ 4. I have not been vaccinated, but I took a COVID-19 test within three days of my appearance in court and have received a negative result. The date my last test was administered was _____. Please attach documentation indicating (a) the date your test was administered and (b) a negative result.

I understand that I am required to provide accurate information on this form. I hereby affirm that I have accurately and truthfully answered the above question. I also understand that if I stated that I am fully or partially vaccinated, the Court may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

SIGNATURE

DATE